



R.B. Turnbull, Jr., M.D. School of WOC Nursing

Daily Journal Entry with Plan of Care & Chart Note

Student Name: Stacy Ann Bruce Day/Date: 1/9/2025

Number of Clinical Hours Today: 8

Care Setting: Hospital Ambulatory Care Home Care Other

Preceptor: Sarah Yount

Clinical Focus: Wound Ostomy Continence

This assignment should be WOC focused and approached as both patient documentation and critical thinking development. Complete each section of the document. Once you have completed the form, save the document by clinical date and preceptor. Submit to your Practicum Course dropbox for instructor review & feedback. Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day. See samples in course Resource area to assist you with this assignment.

Reflection: Describe your patient encounters & types of patients seen.

Today, my rotation was in the ostomy clinic, where I had the opportunity to work with my preceptor and see seven patients. Most patients presented with concerns related to ostomy care, such as stoma site leakage, pain, and bleeding. While some patients already had a stoma, most were new evaluations seeking guidance on continence-related issues. I had the opportunity to assist in stoma markings and provide patient education alongside my preceptor. This hands-on experience allowed me to learn more about the pre-operative preparation and ongoing care involved in ostomy management.

Patients seen- Loop ileostomy, loop colostomy, J-pouch, colostomy, urge incontinence, bowel incontinence, Crohn's disease

WOC nurses function as consultants and develop plans of care (POC) for other care givers as a guide to providing care in the WOC nurse's absence. For this part, select one patient who is an example of the identified specialty hours for this clinical day. Write a chart note giving careful consideration to how the patient was assessed, the problems, and the rationale behind the plan of care. The WOC nurse consultant/specialist note should begin with why you are seeing the pt; Initial visit for..., follow-up visit for..., evaluation and management of..., etc Then, describe the visit. Be sure to include any physical assessment, interactions, and specific products were used/recommended for use. Write in a manner others will be able to understand and be able to interpret your plan of care.

Chart note:

Patient is a 69-year-old female with a history of diverticular disease who presented to the clinic for a second opinion regarding diverticulitis complicated by an abscess. Her history of diverticulitis spans over 2 years, with symptoms progressively worsening, including multiple hospitalizations, abdominal pain, and fecal incontinence. The patient has had several CT scans, which have shown ongoing abscesses requiring multiple drain placements by interventional radiology (IR). However, the abscesses recurred after drain removal. The patient underwent a diagnostic laparoscopy on 10/11/2024, which converted to an open surgery for drainage of intraperitoneal and intrapelvic abscesses, along with the creation of a loop colostomy. Due to surrounding

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phlegmon, the planned sigmoidoscopy was not completed.

The patient arrived in the clinic accompanied by her daughter. She has an established loop colostomy, with the stoma visibly retracted and the mucosa barely visible. The daughter reports that they have tried several different pouching systems, and the Hollister 2-piece convex system has been mostly successful. The MD performed dilation of the colostomy at the bedside. Due to the retracted stoma, the patient must change her flange and ring daily to manage leakage and skin breakdown. MD plan to do surgical revision in OR with was unable to tolerate MD attempts to protrudes stoma at bedside under local anesthesia (lidocaine). After stoma dilation. Skin clean with gauze and water. Applied ConvaTec Stomahesive Powder to any areas of peristomal skin breakdown (denuded or erythematous areas) until healed. Dust off any excess powder to prevent irritation and ensure proper adhesion. Skin was sealed with 3M No Sting Barrier Film to protect the skin from further irritation and enhance adhesion of the ostomy pouch. Hollister New Image Convex 2 ¼ Ceraplus Flange with Tape Border was applied to the stoma, ensuring proper fit and adhesion. The convex flange helps to ensure a secure seal around the retracted stoma to manage leakage and prevent peristomal skin breakdown.

Using the information from the chart note, develop a plan of care to be executed by other members of the healthcare team in your absence. Statements should be directive and holistic. Write as nursing orders.

WOC Plan of Care (include specific products used)

- Apply ConvaTec Stomahesive powder to any areas of skin breakdown until healed
- Dust off excess powder
- Applied sealed with 3M no sting
- Apply Hollister New Image Convex 2 ¼ Ceraplus flange with tape border
- The patient is educated on how to check for any signs of leakage around the flange and pouch to avoid skin irritation.
- Encourage the patient that after surgery she should gradually return to normal mobility and activity levels, with appropriate modifications. The patient is advised to avoid heavy lifting and strenuous abdominal activities post-surgery to avoid putting strain on the healing surgical area and to prevent hernias.
- The patient will return to clinic for follow-up after surgical revision of the stoma. The plan includes re-evaluating the stoma's size, shape, and output, particularly post-surgery, to ensure that healing is progressing, and that the pouching system remains effective.
- Given the patient's history of malnutrition, a consult with a dietitian is recommended to optimize nutrition and protein intake, particularly for wound healing and improving skin integrity around the stoma. Focus on adequate protein, hydration, and electrolyte balance.
- Continue with pain management as prescribed, for any discomfort associated with the stoma or surgical area pain.
- For non-emergent wound care need please contact wound care clinic
- For any emergency need like blood filing the pouch, signs of infection at the stoma or surgical site (increased redness, swelling, warmth, or drainage), sudden changes in stoma output (such as a complete cessation of output or sudden increase in volume). Severe pain that is not controlled by the

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current pain regimen. Call 911 or go to the nearest emergency room.

OSTOMY SUPPLY ORDER

- No changes made to patient system the current system allows patient to be independent as possible. Order form updated and sent to Edge Park for Hollister Pouch close 2 1/4" opaque 7" pouch 30 day use
- Hollister wafer new image ceraplus 2 1/4" Convex with tape 30 days use (3 boxes)
- Adhesive removers Hollister adapt spray.
- Moldable ring Hollister CeraRing slim 30 day use
- Powder ConaTec Stomahesive 30 day use (1 bottle)
- Skin sealant 3M no sting 30 day use (1 box)

Describe your thoughts related to the care provided. What would you have done differently?

The care provided to this patient was appropriate given the complexity of her case. The ongoing diverticulitis, complicated by abscesses, and the recurrent nature of her condition despite interventions highlight the severity of her underlying disease process. The decision to create a loop colostomy was likely necessary to manage her bowel function and prevent further complications. It's understandable that the patient has had difficulty with her retracted stoma, which makes pouching and leakage management more challenging, especially given the skin breakdown. The MD and RN provided the patient with several options to manage her conditions patient and family was treated with dignity and respect and all their questions were answered. The only thing I would have done was asked the daughter if she wanted to be in the room for the dilation, daughter was visible affected my MD dilating the stoma, the administration of the lidocaine injection and the bleeding at the stoma site. Even with the lidocaine patient was in pain when MD attempted to protrude stoma at bedside.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

Goals**What was your goal for the day?**

My goal for the day was to assess and manage a patient with a stoma in a ostomy clinic setting, focusing on addressing stoma-related complications such as leakage, peristomal skin irritation, and abdominal discomfort. Perform a thorough stoma assessment, including evaluating the peristomal skin, stoma appearance, and pouching system to identify any issues contributing to leakage and irritation. Provide appropriate care by adjusting the stoma appliance, using the correct flange size and application techniques, and addressing peristomal skin integrity.

What is/are your learning goal(s) for tomorrow? (Share learning goal with preceptor)

Stoma marking and education.

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CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
<ul style="list-style-type: none"> • Identifies why the patient is being seen 	✓	
<ul style="list-style-type: none"> • Describes the encounter including assessment, interactions, any actions, education provided and responses 	✓	
<ul style="list-style-type: none"> • Includes pertinent PMH, HPI, current medications and labs 	✓	
<ul style="list-style-type: none"> • Identifies specific products utilized/recommended for use 		See commen ts
<ul style="list-style-type: none"> • Identifies overall recommendations/plan 		See commen ts
Plan of Care Development:		
<ul style="list-style-type: none"> • POC is focused and holistic 		See commen ts
<ul style="list-style-type: none"> • WOC nursing concerns and medical conditions, co-morbidities are incorporated 	✓	
<ul style="list-style-type: none"> • Statements direct care of the patient in the absence of the WOC nurse 		See commen ts
<ul style="list-style-type: none"> • Directives are written as nursing orders 	✓	
Thoughts Related to Visit:		
<ul style="list-style-type: none"> • Critical thinking utilized to reflect on patient encounter 	✓	
<ul style="list-style-type: none"> • Identifies alternatives/what would have done differently 	✓	
Learning goal identified	✓	

 Reviewed by: Mike Klements 1/13/25 received Date: 1/14/25

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